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|---|----------------------|--|------------|
| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b><br>( Not for submission under 37 CFR 1.99) | Application Number   |  | 10549422   |
|   | Filing Date          |  | 2005-09-15 |
|   | First Named Inventor | RIBEIRO  |            |
|   | Art Unit             | <del>3635</del> 3635                           |            |
|   | Examiner Name        | <del>DREIDAME, Hunter M.</del> Ryan Kwiecinski |            |
| Attorney Docket Number  |                      | CSI1.004                                       |            |

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|                          | 1       | 1264031                              | DE                          | B                      | 1968-03-21       | August Thyssen Hutte AG                         | description, column 3, page 17 - column 4, page 60; claim 1; fig. 1 - 7 | <input checked="" type="checkbox"/> |

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|                                 |         |   |                |

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| Art Unit               | <del>3639</del>                              | 3635       |  |
| Examiner Name          | <del>BREIDAME, Hunter M.</del> R. Kwiecinski |            |  |
| Attorney Docket Number | CSI1.004                                     |            |  |

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| Examiner Signature | /Ryan Kwiecinski/ | Date Considered | 12/02/2008 |
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| Art Unit               | <del>3635</del>               | 3635 |               |
| Examiner Name          | <del>BREIDAME, Homer M.</del> |      | R. Kwiecinski |
| Attorney Docket Number | CSI1.004                      |      |               |

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Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

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A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

|            |                 |                     |            |
|------------|-----------------|---------------------|------------|
| Signature  | /GerryJayElman/ | Date (YYYY-MM-DD)   | 2008-07-07 |
| Name/Print | Gerry J. Elman  | Registration Number | 24,404     |

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